## RETURN ASAP PAGES ARE SCHEDULED IN ORDER OF RECEIPT Date Received:

(for office use only)

## MONTANA STATE SENATE Designation of Page - 64<sup>th</sup> Session (Print Clearly)

1.	Name			M or F (circle)
	Last	First	Middle	Initial
2.	Social Security # (REQUIRED)		Date of Birth:	
3.	Address:	/_		
	No. Street and P.O. Box	#	City	Zip
4.	Telephone #s:/	/		/
	Home	Your Cell	Parents' Work	Parents' Cell
5.	Parents' Names:			
6.	Name of School:		Gra	de: Jr. or Sr. (circle)
(A letter from your high school verifying grade placement must be submitted before				
ap	plication will be considered)			
7.	School/Community Activities:			
				···········
8.	Prefer to serve week beginning:/			
	0 0	1 <sup>st</sup> choice		2 <sup>nd</sup> choice
9.	Have you ever served as a Page?	If	Yes – Where – Hou	se or Senate (circle)
10.	Name of Senator:			<del></del> -
11.	Signature of Senator:		D	istrict #
		REQUIR	ED	

To determine service week please be sure to check local school calendars for conflicts (e.g., meets, tournaments, finals, etc.) Page Designees will be notified at least two weeks in advance of service dates, if possible. Once a Page is scheduled, we cannot guarantee changes.

## Please return to:

Montana State Senate Capitol Building PO Box 200500 Helena, MT 59620-0500

Email: MMiller2@mt.gov Questions: (406)444-4801